Statement

State-wise Dengue cases & Deaths after September, 2003

Sl. No.	State	October		November		Total	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1.	Andhra Pradesh	15	0	22	1	37	1
2.	Gujarat	53	6	183	8	236	14
3.	Haryana	41	0	29	0	70	0
4.	Karnataka	238	1	59	0	297	1
5.	Kerala	217	4	107	1	324	5
6.	Maharashtra	205	15	20	0	225	15
7.	Punjab	358	6	434	6	792	12
8.	Rajasthan	52	0	32	0	84	0
9.	Tamil Nadu	17	0	170	1	187	1
10.	Uttar Pradesh	503	5	217	3	720	8
11.	Chandigarh	0	0	0	0	0	0
12.	Delhi	1861	29	581	4	2442	33
13.	Goa	5	1	0	0	5	1
	TOTAL:	3565	67	1854	24	5419	91

Rise in AIDS patients

1266. SHRI JANARDHANA POOJARY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that a recent USAID report has stated that quite a large section of the Indian population is infected with HIV + Virus;

(b) if so, the details thereof;

(c) the measures initiated by Government to prevent and contain the spread of AIDS in the country during the last five years; and

(d) the funds allocated by Government and received from the donor agencies and spent on AIDS programmes during the above period, with details of HIV + people in the country, year-wise and State-wise?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) No, Sir.

(c) In order to prevent and control the spread of HIV/AIDS in India, Govt. of India has launched a comprehensive National AIDS Control Programme, currently under implementation throughout the country as a centrally sponsored scheme under following components:-

- Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counselling, treatment of sexually transmitted infections and behaviour change communication.

- Preventive interventions for the general population through programmes for Blood Safety, Voluntary Counselling and Testing Services, Prevention of Parent to Child Transmission Services, Information Education and Communication (IEC) & awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.

- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.

- Collaborative efforts to promote inter-sectoral co-ordination activities including workplace interventions and public-private partnerships.

- Building technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical Resource Groups, Operational Research and Programme Management.

(d) The funds allocated by Government and received from donor agencies are:

(Rs. in crores)

Year	Funds allocated (inclusive of donor agencies)	Funds spent on AIDS Programmes	Estimated number of people living with HIV (in millions)
1999-00	140.00	135.25	3.50 (1998)
2000-01	145.00	180.00	3.71 (1999)
2001-02	210.00	226.55	3.86 (2000)
2002-03	225.00	241.86	3.97 (2001)
2003-04	225.00	175.00*upto	4.58 (2002)

Strike by CGHS Staff

1267. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether CGHS staff in Delhi was on 'pen down' strike on the 20th and 21st November, 2003;

(b) if so, the details of their demands and since when they have been agitating; and

(c) the action taken by Government for redressal of their grievances and at what level?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Yes, Sir.

(b) In July, 2003, the Secretary General of the All India CGHS Employees Association (AICGHSEA) had submitted an 18- point Charter of Demands to the Director, CGHS for their settlement through discussion across the table. The details of the demands are given in the enclosed Statement-I (*See* below).

The demands of the AICGHSEA are of general nature and concern the entire CGHS and are not limited only to CGHS Delhi.

(c) The demands of the AICGHSEA was discussed by the Director, CGHS with the representatives of the Association on 15.10.2003 and as per the decisions taken in the meeting, necessary follow-up action has already been initiated.